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## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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(Revised 02/2003)

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|--|---|----------------------|-------------------------------------|-------------|--------------|------------------------------------|
| NAME OF COMMITTEE (in full)  | TYPE OR PRINT                             |                      | xample: If typing<br>ver the lines. | , type      | 12FE4M5      |                                    |
| Friends of Pat Toome   | <b>y</b>                                  | 1111                 |                                     | 1 1 1 1     |              |                                    |
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| ADDRESS (number and street)  |   |                      |                                     |             |              |                                    |
| Check if different than previously reported. (ACC)   | Alexandria                                |                      |                                     |             | VA    2      | 22314                              |
| 2. FEC IDENTIFICATION N  | IUMBER ♥                                  | CITY                 |                                     | S           | TATE A       | ZIP CODE STATE ▼ DISTRICT          |
| C C00461046  | x_x_                                      | 3. IS THIS<br>REPORT | NEW (N)                             | OR (        | AMEND<br>(A) |                                    |
| 4. TYPE OF REPORT (C (a) Quarterly Reports:  April 15 Quarterly  July 15 Quarterly  October 15 Quarterly                                       | Report (Q1) Report (Q2) terly Report (Q3) | Election of          |                                     | 2C) []      | General (1   |                                    |
| January 31 Year-I  |   |                      | General (30G                        | <u> </u>    | Runoff (30   | OR) Special (30S)  in the State of |
| 5. Covering Period  MMM 10 01 10 10 10 10 10 10 10 10 10 10 10   |   |                      |                                     |             |              |                                    |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. |   |                      |                                     |             |              |                                    |
| Office   | onsous, or incomple                       | to anomicator in     | .,                                  | <del></del> |              | FEC FORM 3                         |